# BOARD QUALITY REVIEW COMMITTEE
## MEETING AGENDA

### Wednesday, August 25, 2021
4:00 pm Meeting

Meeting participation to be Virtual pursuant to California Governor Newson’s Executive Order N-29-20

-Please see meeting log-in information below- 

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### CALL TO ORDER

**4:00**

1. **Establishment of Quorum**
   - Time: 5
   - Page: 4
   - Target: 4:05

2. **Public Comments**
   - Time: 15
   - Page: 4
   - Target: 4:20

3. **Action Item(s)**
   - Time: 5
   - Page: 1
   - Target: 4:25
   - Page: 1
   - Target: 4:25
   b. *Adopt Updated 2021 Board Quality Review Committee Performance Improvement Reporting Schedule (ADD B-Pp 17)*
   - Time: 5
   - Page: 2
   - Target: 4:30

4. **Standing Item(s)**
   - Time: 10
   - Page: 4
   - Target: 4:40
   a. Medical Executive Committee (MEC) / Quality Management Committee (QMC) Update
   - Time: 5
   - Page: 5
   - Target: 4:45
   - Vicki Veronese, RN, MSN, Director of Nursing, Critical Care
   - Valerie Martinez, BSN MHA CIC CPHQ NEA-BC, Senior Director, Quality and Patient Safety

   b. Anesthesia Services Annual Report (ADD C-Pp 20-24)
   - Time: 5
   - Page: 3
   - Target: 4:50
   - Eva Fadul, MD, Anesthesia Services
   - Richard C. Engel, MD, Medical Director Anesthesia Services
   - Omar Khawaja, MD, Chief Medical Officer

   c. Centers of Excellence Annual Report (ADD D-Pp 26-51)
   - Time: 10
   - Page: 4
   - Target: 5:00
   - Bariatric Svcs (MBSAQIP Accredited) - Brian Cohen, Sr. Dir; Karen Hanna, MD
   - Cardiovascular Svcs - Brian Cohen, Sr. Dir; Mikhail Malek, MD
   - Orthopedic/Spine Svcs - Brian Cohen, Sr. Dir; Jim Bried, MD; Andrew Nguyen, MD

   d. Continuum Care/ Outpatient Services Annual Report (ADD E-Pp 53-65)
   - Time: 10
   - Page: 5
   - Target: 5:10
   - Virginia Barragan, VP, Continuum Care
   - Teja Singh, Jr., MD, Medical Director, Continuum Care

   e. Discharge Planning (Clinical Resource Management) / Patient Throughput Annual Report (ADD F-Pp 66-77)
   - Time: 5
   - Page: 6
   - Target: 5:15
   - Christine Coguiat, Mgr Clinical Resource Management
   - Joseph Parker, Transitions Officer

   f. Management of the Medical Record Annual Report (ADD G-Pp 79-80)
   - Time: 10
   - Page: 7
   - Target: 5:25
   - Kim Jackson, Director, Health Information Services
   - Barry Douglas, VP Revenue Cycle

   g. Operative and Invasive Procedure Services Annual Report (ADD H-Pp 82-84)
   - Time: 5
   - Page: 8
   - Target: 5:30
   - Trisch Turner, MSN, VP Perioperative Svcs
   - Anthony Phung, MD, Medical Director Perioperative Service

   h. Radiology & Nuclear Medicine Annual Report (ADD I-Pp 86-95)
   - Time: 5
   - Page: 9
   - Target: 5:35
   - Timothy Stevens, Director Biomedical Engineering
   - Bruce Biederman, MD, Chair, Department of Radiology

5. **New Business**

   a. Department Recognition: 5E- Cardiovascular Acute
   - Time: 5
   - Page: 5
   - Target: 4:45
   - Vicki Veronese, RN, MSN, Director of Nursing, Critical Care

   b. Anesthesia Services Annual Report (ADD C-Pp 20-24)
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6. **Public Comments**
   - Time: 15
   - Page: 5
   - Target: 5:50

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### POSTED

**Tuesday**

**August 17, 2021**
# Board Quality Review Committee Members:

<table>
<thead>
<tr>
<th>VOTING MEMBERSHIP</th>
<th>NON-VOTING MEMBERSHIP</th>
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<tbody>
<tr>
<td>Linda Greer, RN– Chairperson, Board Member</td>
<td>Diane Hansen, CPA, President / Chief Executive Officer</td>
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<tr>
<td>Terry Corrales, RN, Board Member</td>
<td>Sheila Brown, RN, MBA, FACHE, Chief Operations Officer</td>
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<tr>
<td>Laura Barry, Board Member</td>
<td>Omar Khawaja, MD, Chief Medical Officer</td>
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<tr>
<td>Kanchan Koirala, MD - Chair of Medical Staff Quality Management Committee for Palomar Medical Center Escondido</td>
<td>Michael Bogert, Chief Financial Officer</td>
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<tr>
<td>Sam Filiciotto, MD - Chair of Medical Staff Quality Management Committee for Palomar Medical Center Poway</td>
<td>Melvin Russell, RN, MSN, Chief Nursing Officer Palomar Medical Center Escondido</td>
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<tr>
<td>John Clark, Board Member 1st Alternate</td>
<td>Joyce Volsch, PhD, MS, RN, NEA-BC, Chief Nursing Officer Palomar Medical Center Poway</td>
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<tr>
<td>David Lee, MD, Medical Quality Officer</td>
<td>Kevin DeBruin, Esq., Chief Legal Officer</td>
</tr>
<tr>
<td>Tricia Kassab, EdD, RN, FACHE, Vice President Quality and Patient Safety</td>
<td>Valerie Martinez, RN, BSN, MHA, CPHQ, CIC – Senior Director, Quality and Patient Safety</td>
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</table>

NOTE: If you have a disability, please notify us by calling 760.740.6333, 72 hours prior to the event so that we may provide reasonable accommodations.

*Asterisks indicate anticipated action. Action is not limited to those designated items.

1 5 minutes allowed per speaker with a cumulative total of 15 minutes per group. For further details & policy, see attachment.

**PLEASE JOIN THE MEETING FROM YOUR COMPUTER, TABLET OR SMARTPHONE**

https://global.gotomeeting.com/join/438703853
Access Code: 438-703-853

**PLEASE MUTE YOUR MICROPHONE UPON ENTERING THE VIRTUAL MEETING ROOM**

New to GoToMeeting? Download the app at:
https://global.gotomeeting.com/install/438703853
TO: Board Quality Review Committee

MEETING DATE: Wednesday, August 25, 2021

FROM: Thea McKenzie, Committee Secretary

Background: Minutes from the Wednesday, June 23, 2021, Board Quality Review Committee meeting are respectfully submitted for approval.

Budget Impact: N/A

Staff Recommendation: Recommend to approve the Wednesday, June 23, 2021, Board Quality Review Committee minutes.

Committee Questions:

COMMITTEE RECOMMENDATION:

Motion: X

Individual Action:

Information:

Required Time:
TO: Board Quality Review Committee

MEETING DATE: Wednesday, August 25, 2021

FROM: Thea McKenzie, Committee Secretary

Background: Presenting the updated 2021 Board Quality Review Committee Process Improvement Reporting Calendar for adoption.

Budget Impact: N/A

Staff Recommendation: Recommend to approve updated Process Improvement Reporting Calendar for calendar year 2021

Committee Questions:

COMMITTEE RECOMMENDATION:

Motion: X

Individual Action:

Information:

Required Time:
TO: Board Quality Review Committee

MEETING DATE: Wednesday, August 25, 2021

FROM: Eva Fadul, MD, Anesthesia Services
Richard C. Engel, MD, Medical Director Anesthesia Services
Omar Khawaja, MD, Chief Medical Officer

Background: The Annual Anesthesia Services report for calendar year 2021 was provided to the Board Quality Review Committee for review.

Budget Impact: N/A

Staff Recommendation: Informational only

Committee Questions:

COMMITTEE RECOMMENDATION:

Motion:

Individual Action:

Information: ☒

Required Time:
TO: Board Quality Review Committee

MEETING DATE: Wednesday, August 25, 2021

FROM: Brian Cohen, Sr. Director District Services
Karen Hanna, MD
Mikhail Malek, MD
Jim Bried, MD
Andrew Nguyen, MD

Background: The Annual Centers of Excellence report for Bariatric, Cardiovascular, and Orthopedic services was provided to the Board Quality Review Committee for review

Budget Impact: N/A

Staff Recommendation: Informational only

Committee Questions:

COMMITTEE RECOMMENDATION:

Motion: 

Individual Action: 

Information: X

Required Time:
TO: Board Quality Review Committee

MEETING DATE: Wednesday, August 25, 2021

FROM: Virginia Barragan, VP Continuum Care
Teja Singh, MD, Medical Director, Continuum Care

Background: The Annual Continuum Care/Outpatient Services for calendar year 2021 was provided to the Board Quality Review Committee for review.

Budget Impact: N/A

Staff Recommendation: Informational only

Committee Questions:

COMMITTEE RECOMMENDATION:

Motion:

Individual Action:

Information: X

Required Time:
TO: Board Quality Review Committee

MEETING DATE: Wednesday, Wednesday August 25, 2021

FROM: Joseph Parker, Transitions Officer
       Christine Caguiat, Mgr Clinical Resource Management

Background: The annual Discharge Planning (Clinical Resource Management) Patient Throughput report for calendar year 2021 was provided to the Board Quality Review Committee for review

Budget Impact: N/A

Staff Recommendation: Informational only

Committee Questions:

<table>
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<tr>
<th>COMMITTEE RECOMMENDATION:</th>
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<tr>
<td>Motion:</td>
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<td>Individual Action:</td>
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<td>Information: X</td>
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<td>Required Time:</td>
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</tbody>
</table>
TO: Board Quality Review Committee

MEETING DATE: Wednesday, August 25, 2021

FROM: Kim Jackson, Director Health Information Services
       Barry Douglas, VP Revenue Cycle

Background: The Annual Management of the medical Record report for calendar year 2021 was provided to the Board Quality Review Committee for review

Budget Impact: N/A

Staff Recommendation: Informational only

Committee Questions:

COMMITTEE RECOMMENDATION:

Motion:

Individual Action:

Information: X

Required Time:
TO: Board Quality Review Committee

MEETING DATE: Wednesday, August 25, 2021

FROM: Trisch Turner, MSN, VP Perioperative Svcs
Anthony Phung, MD, Medical Director
Perioperative Svcs

Background: The annual Operative and Invasive Services report for calendar year 2021 was provided to the Board Quality Review Committee for review

Budget Impact: N/A

Staff Recommendation: Informational only

Committee Questions:

COMMITTEE RECOMMENDATION:

Motion:

Individual Action:

Information: X

Required Time:
TO: Board Quality Review Committee

MEETING DATE: Wednesday, August 25, 2021

FROM: Timothy Stevens, Director Biomedical Engineering
Bruce Biederman, MD, Chair, Department of Radiology

Background: The Annual Radiology & Nuclear Medicine report for calendar year 2021 was provided to the Board Quality Review Committee for review

Budget Impact: N/A

Staff Recommendation: Informational only

Committee Questions:

COMMITTEE RECOMMENDATION:

Motion:

Individual Action:

Information: X

Required Time:
# BOARD QUALITY REVIEW COMMITTEE MEETING

## ATTENDANCE ROSTER - CALENDAR YEAR 2021

### VOTING MEMBERS

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<tr>
<td>LINDA GREER, RN, Chairperson, Board Member</td>
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<td>TERRY CORALES, RN, Board Member</td>
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<td>LAURA BARRY, Board Member</td>
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<td>KANCHAN KOIRALA, MD, Chair, Medical Staff Quality Management Committee, PMC Escondido</td>
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<td>SAM FILICIOTTO, MD, Chair, Medical Staff Quality Management Committee, PMC Poway</td>
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<td>JOHN CLARK, 1st Board Alternate</td>
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### NON-VOTING MEMBERS

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<td>DIANE HANSEN, CPA, President &amp; CEO</td>
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<td>SHEILA BROWN, RN, MBA, FACHE, Chief Operations Officer</td>
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<td>OMAR KHAWAJA, MD, Chief Medical Officer</td>
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<td>MICHAEL BOGERT, Chief Financial Officer</td>
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<td>JOYCE VOLSCH, PhD, MS, RN, NEA-BC, Chief Nursing Officer, PMC Poway</td>
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<td>MEL RUSSELL, RN, MSN, Chief Nursing Officer, PMC Escondido</td>
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<td>TRICIA KASSAB, EdD, RN, FACHE, Vice President, Quality and Patient Safety</td>
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<td>VALERIE MARTINEZ, RN, BSN, MHA, CPHQ, CIC, Senior Director, Quality and Patient Safety</td>
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<td>DAVID LEE, MD, Medical Quality Officer</td>
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<td>KEVIN DEBRUIIN, Esq., Chief Legal Officer</td>
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*Special Session*
ADDENDUM A
# Board Quality Review Committee Meeting Minutes – Wednesday, June 23, 2021

<table>
<thead>
<tr>
<th>Agenda Item</th>
<th>Conclusion/Action</th>
<th>Follow Up / Responsible Party</th>
<th>Final?</th>
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</thead>
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## Notice of Meeting

The Notice of Meeting was posted at Palomar Health Administrative Office; also posted with full agenda packet on the Palomar Health website on Thursday June 17, 2021, consistent with legal requirements.

## Call to Order

Pursuant to California Governor Newsom’s Executive Order N-29-20 the meeting was held virtually and was called to order at 4:00 p.m. by Director Linda Greer, RN.

## Establishment of Quorum

- Quorum comprised of Board Directors: Director Linda Greer, RN.; Director Terry Corrales, RN.; Director Laura Barry; and Physician Chair of the Medical Staff Quality Management Committees, Kanchan Koirala, M.D. Palomar Medical Center Escondido and Sam Filiciotto, MD, Palomar Medical Center Poway

## Public Comment

Dr. Koirala read a statement made by his colleagues directed to Director Corrales, “Oftentimes quality problems that we encounter at the hospital have the origins and decisions made by past administration and pass boards. These members are long gone and no longer accountable to the public and patients at large. Would you be willing to listen to the women physicians and minority physicians and disenfranchised physicians who will be making a decision? The recommendation is that you conduct an exit interview. You have the right to say No. Hoping that some good will come out of what has happened at Palomar Health. While I don't have the exact number of physicians that have made a decision we have been asked by EMA to make a decision by tomorrow the 24th of June. It is not even a proper contract that has been offered to us; It is more of a staffing agency contract, and many physicians are uncomfortable […]”. Director Greer noted that during this time of public comments, Board Members do not engage dialogue back and forth and directed Dr. Koirala to e-mail Dir Corrales.

## Action Items:

### A. *Review / Approval: Open/Closed Session Meeting Minutes / Attendance Roster – April 28, 2021*

The BQRC Open / Closed Session meeting minutes of April 28, 2021, were presented for review and approval. Director Laura Barry motioned for approval, second by Director Terry Corrales, to approve the meeting minutes as submitted. All in favor. None were opposed. **MOTION:** by Director Laura Barry, second by Director Terry Corrales, and carried to approve the meeting minutes of April 28, 2021, as submitted. Roll call voting was utilized. **N/A** **Y**
**B. **ADOPT UPDATED 2021 RESOLUTION OF BOARD QUALITY REVIEW COMMITTEE MEETING DATES

The updated 2021 Resolution of Board Quality Review Committee (BQRC) Committee meeting dates for the remainder of the year; June 23, August 25, October 27, were presented for review and approval.

Director Laura Barry motioned for approval, second by Director Terry Corrales, to approve the 2021 BQRC Performance Improvement Reporting Calendar. All in favor. None were opposed.

**STANDING ITEM(S)**

**A. MEDICAL EXECUTIVE COMMITTEE (MEC)/QUALITY MANAGEMENT COMMITTEE (QMC) UPDATE**

Doctor Kanchan Koirala thanked Tricia Kassab and Valerie Martinez for the excellent, ongoing work being done to keep patients and staff safe at Palomar Health.

Dr. Koirala stated that most of the items are on the agenda for today were in the QMC meeting and will be available to the board for review.

**NEW BUSINESS**

**A. TRIANNUAL REPORT: CONTRACTED SERVICES**

Tricia Kassab, Vice President of Quality & Patient Safety presented a triannual report of Contracted Services which included; Morrison Management Specialist, Inc, DaVita, and Cardinal Pharmacy Services to the board.

*(See Addendum C for additional information)*
### B. ANNUAL REPORT: EMERGENCY MANAGEMENT

Russ Riehl, Sr. Director of Operational Support Services presented the annual report Emergency Management to the board.

*(See Addendum D for additional information)*

**MOTION:** N/A

### C. ANNUAL REPORT: MANAGEMENT OF THE ENVIRONMENT OF CARE (EOC)

Dan Farrow, Sr. District Director of Plant Operations presented the EOC annual report to the board.

*(See Addendum E for additional information)*

**MOTION:** N/A

### D. BIANNUAL REPORT: MEDICATION MANAGEMENT (PHARMACY)

Donna Gelios, Director of Pharmacy Services presented the biannual Pharmacy Medication Management report to the board.

*(See Addendum F for additional information)*

**MOTION:** N/A

### E. ANNUAL REPORT: REHABILITATION SERVICES

Virginia Barragan, Vice President Continuum of Care presented the annual Rehabilitation Services report to the board.

*(See Addendum G for additional information)*

**MOTION:** N/A

### F. ANNUAL REPORT: LABORATORY SERVICES

Dr. Jerry Kolins, Medical Director of Laboratories presented the annual Laboratory Services report to the board.

*(See Addendum H for additional information)*

**MOTION:** N/A

### G. ANNUAL REPORT: RESPIRATORY SERVICES

On behalf of Gloria Austria, Director of Laboratories; Kerwin Pipersburgh, District Manager of Pulmonary Services and Dr. Frank Bender, Medical Directory of Pulmonary Services presented the annual Respiratory Services report to the board.

*(See Addendum I for additional information)*

**MOTION:** N/A
### H. BIANNUAL REPORT: SERVICE EXCELLENCE (HCAHPS)

Tricia Kassab, Vice President of Quality & Patient Safety presented the biannual Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) and ED customer Service Data to the board.

*(See Addendum J for additional information)*

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<th>MOTION: N/A</th>
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#### ADJOURNMENT TO CLOSED SESSION

- **Pursuant to Health and Safety Code Section 32155**
  - Events Log

<table>
<thead>
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<th>MOTION: N/A</th>
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#### ADJOURNMENT TO OPEN SESSION

- There were no action items identified in the Closed Session of the meeting.

#### PUBLIC COMMENTS

There were no public comments.

#### FINAL ADJOURNMENT - The meeting adjourned at 5:30 p.m.

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**SIGNATURES:**

**Committee Chair**

Linda Greer, RN

**Committee Assistant**

Thea McKenzie
ADDENDUM B
<table>
<thead>
<tr>
<th>Date</th>
<th>Green - Annually</th>
<th>Blue - Quarterly</th>
<th>Yellow-Biannual</th>
<th>Purple-Triannual</th>
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<td>Jan 18</td>
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<td>Feb 24</td>
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**Annual BQRC Assessment**

**Annual Review of BQRC By-Laws**

**Annual Review of Quality Assessment Performance Improvement Plan**

Valerie Martinez, BSN, MHA, CIC, CPHQ, NEA-BC, Sr Dir Quality/Patient Safety

Tricia Kassab, RN, EdD, VP Quality/Patient Safety

**Annual Review of BQRC Reporting Calendar**

**Annual Quality & Patient Safety Report to the Board of Directors**

**Centers of Excellence**

- Bariatric Svs (MBSAQIP Accredited) - Brian Cohen, Sr. Dir; Karen Hanna, MD
- Cardiovascular Svs - Brian Cohen, Sr. Dir; Mikhail Malek, MD
- Orthopedic/Spine Svs - Brian Cohen, Sr. Dir; Jim Bried, MD; Andrew Nguyen, MD

**Continuum Care/Outpatient Services**

Virginia Barragan, VP, Continuum Care

Taja Singh, Jr, MD, Medical Director, Continuum Care

**Contracted Services**

Valerie Martinez, BSN, MHA, CIC, CPHQ, NEA-BC, Sr Dir Quality/ Patient Safety

Tricia Kassab, RN, EdD, VP Quality/Patient Safety

**Dietary Services (Food and Nutrition Services)**

Megan Jakusz, Director, FANS

Russ Riehl, Sr. Director Operational Support Svs

**Discharge Planning (Clinical Resource Management) / Patient Throughput**

Christine Caguiat, Mgr Clinical Resource Management

Joseph Parker, Transitions Officer

**Emergency Management**

Russ Riehl, District Sr. Dir, Operational Support Svs

Sheila Brown, RN, MBA, Chief Operations Officer

**Infection Control & Prevention**

Valerie Martinez, BSN, MHA, CIC, CPHQ, NEA-BC, Sr Dir of Quality/Patient Safety

Sandeep Soni, MD, Medical Director Infection Control

**Laboratory Services**

Gloria Austria, Director of Laboratories

Jerry Kolins, MD, Medical Director Laboratories

**Management of the Care Environment (EOC)**

Dan Farrow, Sr. Director, Facilities

Paul Sas, Chief Administrative Officer

**Management of the Medical Record**

Kim Jackson, Director, Health Information Services

Barry Douglas, VP Revenue Cycle

**Radiology & Nuclear Medicine**

Donna Rolin, BSBA, ARRT, CRT (R) (F), District Director, Imaging Services

Bruce Bieldeerman, MD, Chair, Department of Radiology

**Anesthesia Services**

Eva Fadul, MD, Anesthesia Services

Richard C. Engel, MD, Medical Director Anesthesia Services

Omar Khawaja, MD, Chief Medical Officer

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**Date**

6/17/2021

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### Performance Improvement Reporting Schedule

<table>
<thead>
<tr>
<th>Reports due Quality Department Executive Assistant by 0900</th>
<th>Green - Annually</th>
<th>Blue - Quarterly</th>
<th>Yellow-Biannual</th>
<th>Purple-Triannual</th>
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</table>

#### Trauma Program
- Melinda Case, Manager, Trauma Program
- John Steele, MD, Medical Director Trauma

#### Medication Management (Pharmacy)
- Donna Gelos, Director of Pharmacy
- Sheila Brown, RN, MBA, FACHE, Chief Operations Officer

#### Nursing Services (Includes Behavioral Health Svcs)
- Mel Russell, RN, MSN, CNO, Palomar Medical Center Escondido
- Joyce Volsch, RN, PhD, CNO, Palomar Medical Center Poway

#### Operative and Invasive Procedures Services
- Trisch Turner, MSN, VP Perioperative Svvs
- Anthony Phung, MD, Medical Director Perioperative Services

#### Pay for Performance Programs Update / Leapfrog Grade (when available will present)
- Valerie Martinez, BSN, MHA, CIC, CPHQ, NEA-BC, Sr Dir Quality/Patient Safety
- David Lee, MD, Medical Quality Officer
- Tricia Kassab, RN, EdD, VP Quality/Patient Safety

#### Regulatory Update
- Jami Pearson, RN, Regulatory Program Manager
- Tricia Kassab, RN, EdD, VP Quality/Patient Safety

#### Rehabilitation Services
- William Levanuski MA, OT/L, CHT, Director of Rehabilitation Services
- Virginia Barragan, FACHE, DPT, MGMT, VP Continuum Care

#### Respiratory Services
- Gloria Austria, District Director, Laboratory, Pulmonary, and EEG Services
- Frank Bender, MD, Medical Director

#### Service Excellence (HCAHPS)
- Mel Russell, RN, MSN, CNO, Palomar Medical Center Escondido
- Joyce Volsch, RN, PhD, CNO, Palomar Medical Center Poway
- Valerie Martinez, RN, BSN, MHA, CIC, CPHQ, NEA-BC, Sr Dir, Quality / Patient Safety
- Tricia Kassab, RN, EdD, VP Quality/Patient Safety

#### Stroke Program
- Lourdes Januszewicz, MSN APRN ACNS-BC SCRN CCRN, Stroke Program Coordinator
- Remia Paduga, MD, Medical Director, Stroke Program

#### Number of Reports Due by Month

| 0 | 3 | 0 | 5 | 0 | 8 | 0 | 7 | 0 | 8 | 0 | 0 |

---

Date Printed: 6/17/2021
ADDENDUM C
Quality Assurance: MSPRC Cases Reviewed *

6/1/2020 – 5/31/2021

<table>
<thead>
<tr>
<th>PMC Escondido (Anesthesiology MS)</th>
<th># MSPRC Cases</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Improvement Opportunity</td>
<td>8</td>
<td>None needed</td>
</tr>
<tr>
<td>Minor Improvement Opportunity</td>
<td>3</td>
<td>MSPRC anesthesia representative reviewed the cases with the physicians</td>
</tr>
<tr>
<td>Significant Improvement Opportunity</td>
<td>1</td>
<td>Chairman of Anesthesia Dept reviewed the case with the anesthesiologist and determined it was a “one-off” (physician performance is otherwise excellent).</td>
</tr>
</tbody>
</table>

* Info pulled by Isabel Cheong

Assessment: Acceptable (very low) number of cases deemed “minor improvement” or “significant improvement” for June 2020 through May 2021.

Quality Assurance: Controlled Substance Documentation **

1/1/2021 – 6/30/2021

**Audits and Info provided by Cherri Labadie and summarized/formatted by Dr. Fadul

Assessment: Acceptable compliance; all charts corrected/completed by anesthesiologist

Recommendation: No action required. Continue to review and identify any trends
Performance Improvement: Documentation *

2021 Case Volume

% Complete Documentation on Post-Anesthesia Evaluation AND Consent

% Complete or Missing Anesthesia Consent

Assessment: With paper charting there are no “hard-stops” to signal insufficient documentation.

Recommendation:
1. EMR for anesthesia record
2. Need resources for real-time checks by clerk/RN so no record leaves PACU incomplete.
3. Continued education regarding appropriate/complete documentation
4. Need for accurate data (see below)

Assessment: Validity of data questionable

I reviewed the 10 charts in June 2021 that reportedly had missing anesthesia consents. No deficiencies were identified.

- 4/10 were present
- 3/10 were emergency cases and no consent form was required
- 3/10 were present but incorrectly dated when scanned into EHR by staff.

Plan: See ISBAR on next page
### Introduction
Patients having surgery/procedure requiring anesthesia must have a Consent for Anesthesia Services on the chart prior to the surgery/procedure (except for emergent cases).

### Situation
PH Health Information review of charts revealed that 0.26-4.05% of patient records have Missing or incomplete Anesthesia Consents (data received from Olivia Aguila). These numbers are not entirely accurate and are likely lower (greater compliance). A review of June 2021 ten (10) charts reported to have “missing consent” were found by Dr. Fadul to have no deficiencies.

Nevertheless, some patients are being transported to procedure room with consents that are not completely filled out. The following must be completed on the consent form: Location (check box), Type of Anesthesia Planned (check boxes), Anesthesiologist signature/date/time, Printed Anesthesiologist’s name, Patient or POA signature/date/time, RN signature/date/time as witness to the patient/POA signature.

### Background
Anesthesiologists are responsible for checking the boxes re: planned anesthetic, as well as adding their signature/date/time. The remainder of the form is completed by RN.
Verification of Consent for Anesthesia Services is part of the Nursing Pre-Procedural checklist. (attached)

### Assessment
Re-education regarding process is needed to achieve 100% compliance.

---

**Incomplete or Missing Anesthesia Consent 2021**

<table>
<thead>
<tr>
<th>Month</th>
<th>Escondido</th>
<th>Poway</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan</td>
<td>3.16%</td>
<td>2.45%</td>
</tr>
<tr>
<td>Feb</td>
<td>2.73%</td>
<td>2.73%</td>
</tr>
<tr>
<td>Mar</td>
<td>2.83%</td>
<td>0.26%</td>
</tr>
<tr>
<td>Apr</td>
<td>1.70%</td>
<td>1.18%</td>
</tr>
<tr>
<td>May</td>
<td>1.70%</td>
<td>0.53%</td>
</tr>
<tr>
<td>Jun</td>
<td>4.05%</td>
<td>1.27%</td>
</tr>
</tbody>
</table>
Recommendation

1. Remind Anesthesiologists to select type of anesthetic planned and sign/date/time the form
2. Re-educate nursing staff re: elements necessary for complete Consent for Anesthesia Services
3. Re-educate nursing staff re: Anesthesia Consent portion of the Pre-Procedure Checklist.
4. Verify complete Consent for Anesthesia Services (as well as Consent for Surgery/Procedure) in the Pre-Anesthesia Briefing in the procedure room.

Pre-Procedure Checklist
Process Improvement

PACU Pain Medication orders

In order to comply with CMS/TJC requirements the acute pain orders in Cerner were recently modified to include pain scale in all narcotic orders; these revised orders do not allow for administration of IV narcotics for pain scale <7. Patients in PACU have acute pain and are usually NPO. Anesthesiologists were reminded to add/adjust PACU pain scales on narcotic orders. PACU nurses will notify anesthesiologists if they see orders that need to be modified.

Response Time for OB Epidurals, OB Stat and Post-Partum Stat

About a year ago, at the request of the OB nurses, anesthesiologists assigned to OB1 and O2 began to use “role phones”. Unfortunately, anesthesiologists were still not being routinely notified of Stat OB cases. After investigation, we found that the role phones were not on the list that is used for stat notification; this has been resolved. In addition, nurses reported difficulty contacting the 2 anesthesiologists who provide OB care 24/7; the staff were reminded to use the role phones and call OR desk if they still are unable to reach the OB anesthesiologists.

General Comments:

We are coordinating with Trisch Turner and with the data specialist assigned to the perioperative platform and a periop dashboard is being developed.

An Electronic Anesthesia Record will greatly improve our ability to gather accurate and actionable data that will allow us to develop future performance and process improvement plans.
Narcan outside of the OR. No trends found.
ADDENDUM D
Bariatric Surgical Services
Presented to Board Quality Review Committee

August 25, 2021

Karen J. Hanna, MD, Medical Director
Brian Cohen, MHA, Senior Director
## Bariatric Surgical Services

<table>
<thead>
<tr>
<th><strong>SITUATION</strong></th>
<th>Palomar Medical Center Poway’s Bariatrics program continues to be recognized for high quality care and patient outcomes.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>BACKGROUND</strong></td>
<td>Palomar Medical Center Poway was accredited by Metabolic and Bariatric Surgery and Quality Improvement Program (MBSAQIP) in 2006. In addition, the facility was recognized as a <strong>Blue Distinction Center</strong> for Bariatric Surgery by Anthem BlueCross and BlueCross Blue Shield of California insurance plans.</td>
</tr>
<tr>
<td><strong>ASSESSMENT</strong></td>
<td>The program continues on path of reaccreditation with MBSAQIP every three years (November, 2022) due to continued high quality outcomes in Mortality Rate, Sleeve Gastrectomy outcomes, Gastric Bypass outcomes, and all Quality Control measures outlined nationally by MBSAQIP. Additionally, Palomar Medical Center Poway was recently recognized as a Blue Distinction Center+ for Bariatric Surgery again by Anthem BlueCross and BlueCross Blue Shield of California insurance plans. The “+” indicates a comprehensive program with multiple components of weight management services for patients.</td>
</tr>
<tr>
<td><strong>RECOMMENDATION</strong></td>
<td>This is for awareness only.</td>
</tr>
</tbody>
</table>
Bariatric Surgery Recognition

PMC Poway

2006* – present

* Initial Accreditation by ASMBS (2006)
* Last Re-Accreditation by MBSAQIP (2018)
* Next Accreditation 2022 (Delayed due to COVID)
Bariatric Surgery Volume

- **2017**: 287
- **2018**: 261
- **2019**: 47
- **2020**: 23

Legend:
- Blue: Sleeve Gastrectomy
- Red: Gastric Bypass
- Green: Conversion/Revision
- Purple: Lap Band Removal
# Bariatric Surgery | Mortality Rate

## 30-day Mortality for Site 09704 and Total 30-day Mortality for All Sites: 1/1/2019 - 12/31/2019

<table>
<thead>
<tr>
<th>Site</th>
<th>Number of Sites</th>
<th>Total Cases</th>
<th>Death Cases</th>
<th>Mortality Rate(%)</th>
<th>Mean Site Mortality Rate(%)</th>
<th>Standard Deviations From Mean Site Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>09704</td>
<td>-</td>
<td>59</td>
<td>0</td>
<td>0</td>
<td>-</td>
<td>-0.3985</td>
</tr>
<tr>
<td>All Sites</td>
<td>863</td>
<td>206085</td>
<td>240</td>
<td>0.1165</td>
<td>0.1286</td>
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</table>

## 30-day Mortality for Site 09704 and Total 30-day Mortality for All Sites: 1/1/2020 - 12/31/2020

<table>
<thead>
<tr>
<th>Site</th>
<th>Number of Sites</th>
<th>Total Cases</th>
<th>Death Cases</th>
<th>Mortality Rate(%)</th>
<th>Mean Site Mortality Rate(%)</th>
<th>Standard Deviations From Mean Site Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>09704</td>
<td>-</td>
<td>35</td>
<td>0</td>
<td>0</td>
<td>-</td>
<td>-0.2963</td>
</tr>
<tr>
<td>All Sites</td>
<td>885</td>
<td>168568</td>
<td>130</td>
<td>0.0771</td>
<td>0.0714</td>
<td>-</td>
</tr>
</tbody>
</table>

*ZERO mortality over 24-months*
# Bariatric Surgery Services – Sleeve Gastrectomy

## MBSAQIP Annual Report 2020

### Laparoscopic Sleeve Gastrectomy

<table>
<thead>
<tr>
<th></th>
<th>Total Cases</th>
<th>Observed Events</th>
<th>Event Rate**</th>
<th>Pred Obs Rate**</th>
<th>Expected Rate</th>
<th>Odds Ratio</th>
<th>95% C.I. Lower</th>
<th>95% C.I. Upper</th>
<th>Outlier</th>
<th>Decile</th>
<th>Adjusted Percentile</th>
<th>Adjusted Quartile</th>
<th>Assessment*</th>
</tr>
</thead>
<tbody>
<tr>
<td>LSG Morbidity</td>
<td>23</td>
<td>1</td>
<td>4.35%</td>
<td>2.08%</td>
<td>1.67%</td>
<td>1.26</td>
<td>0.38</td>
<td>4.12</td>
<td>No</td>
<td>8</td>
<td>59</td>
<td>3</td>
<td>As Expected</td>
</tr>
<tr>
<td>LSG All Occurrences Morbidity</td>
<td>23</td>
<td>2</td>
<td>8.70%</td>
<td>3.66%</td>
<td>2.89%</td>
<td>1.35</td>
<td>0.54</td>
<td>3.40</td>
<td>No</td>
<td>8</td>
<td>66</td>
<td>3</td>
<td>As Expected</td>
</tr>
<tr>
<td>LSG Serious Event</td>
<td>23</td>
<td>0</td>
<td>0.00%</td>
<td>1.56%</td>
<td>1.78%</td>
<td>0.87</td>
<td>0.28</td>
<td>2.71</td>
<td>No</td>
<td>4</td>
<td>43</td>
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</tr>
<tr>
<td>LSG Leak</td>
<td>23</td>
<td>0</td>
<td>0.00%</td>
<td>0.14%</td>
<td>0.14%</td>
<td>0.97</td>
<td>0.17</td>
<td>5.59</td>
<td>No</td>
<td>8</td>
<td>49</td>
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<td>As Expected</td>
</tr>
<tr>
<td>LSG Bleeding</td>
<td>23</td>
<td>0</td>
<td>0.00%</td>
<td>0.49%</td>
<td>0.53%</td>
<td>0.93</td>
<td>0.20</td>
<td>4.30</td>
<td>No</td>
<td>6</td>
<td>46</td>
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<tr>
<td>LSG SSI</td>
<td>23</td>
<td>1</td>
<td>4.35%</td>
<td>0.58%</td>
<td>0.26%</td>
<td>2.25</td>
<td>0.37</td>
<td>13.72</td>
<td>No</td>
<td>10</td>
<td>72</td>
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<tr>
<td>LSG All Cause Reoperation</td>
<td>23</td>
<td>0</td>
<td>0.00%</td>
<td>0.51%</td>
<td>0.54%</td>
<td>0.94</td>
<td>0.25</td>
<td>3.63</td>
<td>No</td>
<td>6</td>
<td>47</td>
<td>2</td>
<td>As Expected</td>
</tr>
<tr>
<td>LSG Related Reoperation</td>
<td>23</td>
<td>0</td>
<td>0.00%</td>
<td>0.39%</td>
<td>0.41%</td>
<td>0.96</td>
<td>0.25</td>
<td>3.72</td>
<td>No</td>
<td>7</td>
<td>49</td>
<td>2</td>
<td>As Expected</td>
</tr>
<tr>
<td>LSG All Cause Intervention</td>
<td>23</td>
<td>0</td>
<td>0.00%</td>
<td>0.23%</td>
<td>0.25%</td>
<td>0.95</td>
<td>0.14</td>
<td>6.40</td>
<td>No</td>
<td>7</td>
<td>47</td>
<td>2</td>
<td>As Expected</td>
</tr>
<tr>
<td>LSG Related Intervention</td>
<td>23</td>
<td>0</td>
<td>0.00%</td>
<td>0.17%</td>
<td>0.17%</td>
<td>0.96</td>
<td>0.14</td>
<td>6.80</td>
<td>No</td>
<td>7</td>
<td>48</td>
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<tr>
<td>LSG All Cause Readmission</td>
<td>23</td>
<td>1</td>
<td>4.35%</td>
<td>2.08%</td>
<td>1.80%</td>
<td>1.16</td>
<td>0.43</td>
<td>3.10</td>
<td>No</td>
<td>8</td>
<td>57</td>
<td>3</td>
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</tr>
<tr>
<td>LSG Related Readmission</td>
<td>23</td>
<td>1</td>
<td>4.35%</td>
<td>1.65%</td>
<td>1.37%</td>
<td>1.21</td>
<td>0.43</td>
<td>3.38</td>
<td>No</td>
<td>8</td>
<td>59</td>
<td>3</td>
<td>As Expected</td>
</tr>
</tbody>
</table>
### Bariatric Surgery Services – Gastric Bypass

#### MBSAQIP Annual Report 2020

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Total Cases</th>
<th>Observed Events</th>
<th>Obs Rate (%)</th>
<th>Pred Obs Rate**</th>
<th>Expected Rate</th>
<th>Odds Ratio</th>
<th>95% C.I. Lower</th>
<th>95% C.I. Upper</th>
<th>Outlier</th>
<th>Quartile</th>
<th>Percentile</th>
<th>Decile</th>
<th>Adjusted Quartile</th>
<th>Adjusted Percentile</th>
<th>Assessment*</th>
</tr>
</thead>
<tbody>
<tr>
<td>LRYGB Morbidity</td>
<td>9</td>
<td>0</td>
<td>0.00%</td>
<td>3.79%</td>
<td>4.49%</td>
<td>0.84</td>
<td>0.23</td>
<td>3.10</td>
<td>No</td>
<td>4</td>
<td>42</td>
<td>2</td>
<td>46</td>
<td>2</td>
<td>As Expected</td>
</tr>
<tr>
<td>LRYGB All Occurrences Morbidity</td>
<td>9</td>
<td>0</td>
<td>0.00%</td>
<td>6.43%</td>
<td>7.68%</td>
<td>0.82</td>
<td>0.29</td>
<td>2.35</td>
<td>No</td>
<td>3</td>
<td>40</td>
<td>2</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>LRYGB Serious Event</td>
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<td>0.00%</td>
<td>3.99%</td>
<td>4.40%</td>
<td>0.90</td>
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<td>2.47</td>
<td>No</td>
<td>4</td>
<td>44</td>
<td>2</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>LRYGB Leak</td>
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<td>0.24%</td>
<td>0.24%</td>
<td>0.98</td>
<td>0.16</td>
<td>6.20</td>
<td>No</td>
<td>7</td>
<td>49</td>
<td>2</td>
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<td>LRYGB Bleeding</td>
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<td></td>
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<tr>
<td>LRYGB SSI</td>
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<td>0.89%</td>
<td>0.98%</td>
<td>0.91</td>
<td>0.12</td>
<td>6.76</td>
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<td>2</td>
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<td></td>
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<tr>
<td>LRYGB All Cause Reoperation</td>
<td>9</td>
<td>0</td>
<td>0.00%</td>
<td>1.22%</td>
<td>1.26%</td>
<td>0.96</td>
<td>0.28</td>
<td>3.24</td>
<td>No</td>
<td>5</td>
<td>48</td>
<td>2</td>
<td>As Expected</td>
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<tr>
<td>LRYGB Related Reoperation</td>
<td>9</td>
<td>0</td>
<td>0.00%</td>
<td>0.95%</td>
<td>0.96%</td>
<td>0.97</td>
<td>0.28</td>
<td>3.34</td>
<td>No</td>
<td>5</td>
<td>48</td>
<td>2</td>
<td>As Expected</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LRYGB All Cause Intervention</td>
<td>9</td>
<td>0</td>
<td>0.00%</td>
<td>1.16%</td>
<td>1.26%</td>
<td>0.92</td>
<td>0.17</td>
<td>4.82</td>
<td>No</td>
<td>5</td>
<td>46</td>
<td>2</td>
<td>As Expected</td>
<td></td>
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<tr>
<td>LRYGB Related Intervention</td>
<td>9</td>
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<td>0.00%</td>
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<td>47</td>
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<td>As Expected</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LRYGB All Cause Readmission</td>
<td>9</td>
<td>0</td>
<td>0.00%</td>
<td>4.49%</td>
<td>4.95%</td>
<td>0.90</td>
<td>0.34</td>
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<td>44</td>
<td>2</td>
<td>As Expected</td>
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<tr>
<td>LRYGB Related Readmission</td>
<td>9</td>
<td>0</td>
<td>0.00%</td>
<td>3.17%</td>
<td>3.42%</td>
<td>0.92</td>
<td>0.34</td>
<td>2.60</td>
<td>No</td>
<td>4</td>
<td>45</td>
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</tr>
</tbody>
</table>
Bariatric Surgery Targeting Opioid Prescriptions (BSTOP)  
MBSAQIP 2020 Nationwide Quality Improvement Project

Goal
– to reduce opioid prescriptions while improving postoperative pain control

Methods
– Utilized protocols to educate staff and patients
– Implemented multimodal pain and regional analgesic therapy
– Used MBSAQIPs standardized tools to measure adherence and outcomes data collection

Outcome
– Palomar was one of 200 hospitals that collected and submitted 1-year of data to be used by MBSAQIP
MBSAQIP Quality Improvement Project for 2021
Improving Long Term Follow Up after Bariatric Surgery

Goal
– 100% of all bariatric surgery patients to have visits with their surgeon at 6-months post-op, and 50% to have visits with their surgeon at 12-months post-op.

Methods
– Monthly meetings and constant communications were rendered between the Bariatric Team and the surgeons’ offices.
– Phone calls and email reminders are sent to all postop patients to schedule their 6- and 12-month appointment.

Outcomes YTD

![Graph showing YTD MBSAQIP Anniversary Volume]
Goals for 2021

• Growth in surgical volume through expansion of Palomar Weight Management Center
• Maintain center of excellence status with a focus on quality criteria and volume requirements
• Launch mobile health app to engage and support weight loss patients
Projects
- Performance Improvement Projects for pre-procedure checklist compliance started and ongoing
- Continuing to track and trend all metrics for all stroke patients including Neuro Thromectomy (Brain Alert) - Reviewed monthly at Endovascular Committee and Stroke Taskforce Committee with follow-up on outliers.
- Bi-weekly Cath. Conference to perform STEMI patient case review with staff and physicians
- Monthly Echo conference with Cardiology staff and physicians to perform case reviews
- Bi-monthly Multi-disciplinary STEMI Committee meetings to review metrics and follow-up on outliers
- Mitral Valve alert notification program started
- FCOTS

Activities & Events
- Watchman program - Boston Scientific- approved and beginning stages
- VizAI (Rapid Large Vessel Occlusion recognition AI software) Implementation in conjunction with radiology targeted start date Nov 2021
- Implementation of PAT

Education & Trainings
- Phillips Xper Training in August

Staffing
- EP Team creation
- Dedicated Transporters to Platform beginning 7.5.21
Palomar Health’s Spine and Total Joint Centers of Excellence

Presented to Board Quality Review Committee

August 25, 2021

Andrew Nguyen, MD, PhD, Spine Medical Director
Brian Cohen, MHA, Senior Director
## Spine and Total Joint Centers of Excellence

<table>
<thead>
<tr>
<th><strong>SITUATION</strong></th>
<th>Palomar Medical Center Escondido and Poway’s COEs continue to be recognized for high quality care and patient outcomes.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>BACKGROUND</strong></td>
<td>Palomar Medical Center Escondido is the only hospital in SD County to win all three America’s 100 Best Hospitals for Orthopedics and Spine Surgery. Preparing patients for surgery remains a primary goal, especially as the teams have adapted to changing protocols throughout the pandemic. This includes ensuring patients are at their best health prior to surgery, and are educated about the care journey. Our Enhanced Recovery and Pain Control Protocols ensure early mobilization, better pain control and more rapid care transitions and discharges. Many Total Joint patients are ready to go home same-day, and most patients experience a full return to function within the first year.</td>
</tr>
<tr>
<td><strong>ASSESSMENT</strong></td>
<td>Spine Fusion performed in the top decile for complications and hospital acquired conditions through March 2020. The spine fusion SIR was better than threshold for both fusion and laminectomy. Most importantly, patients that had a fusion at Palomar go from Severe Disability to Minimal Disability within the first year after surgery. Total Joint Replacement performed in the top decile for complications and length of stay at both Palomar campuses through March 2020. The SIR was above threshold at PMC-Escondido Hip Replacement and at PMC-Poway for Knee Replacement in 2020. Most importantly, patients that had a total hip replacement at Palomar went from Moderate Disability to Limited to No Disability within 3-months of surgery.</td>
</tr>
<tr>
<td><strong>RECOMMENDATION</strong></td>
<td>Our Orthopedic Workgroups identified opportunities to improve compliance with several pre op measures, including nasal betadine, and CHG bathing.</td>
</tr>
</tbody>
</table>
Palomar Medical Center Escondido is the **ONLY** hospital in San Diego County to achieve 5 stars in all 5 ortho/spine areas in 2020! (Back and Neck, Spinal Fusion, Total Knee, Total Hip, and Hip Fracture)

One of only 5 in the US to achieve this honor
What are our True Differentiators?

• Specialized physicians and staff members
• High quality patient outcomes leading to faster recovery and less pain
• Coordinated care across Palomar Health services
• Patient readiness
• Staff education
Managing a Patient’s Risk

When Is Surgery Right for You?

Minimize health factors that increase risk for potential problems after surgery

<table>
<thead>
<tr>
<th>Health Factor</th>
<th>Ideal Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Body Mass Index (BMI)</td>
<td>20 – 35</td>
</tr>
<tr>
<td>Hemoglobin (red blood cell level/anemia)</td>
<td>Greater than 12.5</td>
</tr>
<tr>
<td>Hemoglobin A1c (blood sugar level)</td>
<td>Less than 8.0 (less than 7.5 preferred)</td>
</tr>
<tr>
<td>Albumin (blood protein level)</td>
<td>Greater than 3</td>
</tr>
<tr>
<td>Prealbumin (blood protein level)</td>
<td>Greater than 18</td>
</tr>
</tbody>
</table>

Other things to consider before surgery:

- Has your primary doctor or specialist (e.g., doctor, heart doctor, etc.) cleared you for surgery?
- Have you had gastric bypass within the past year?
- Are you a smoker?
- Do you drink alcohol on a daily basis?
- Do you take drugs or medications not prescribed to you?

(Continued on next page.)
Engaging Patients in their Outcome

Online CarePath
To prepare for surgery, Palomar Health offers Online CarePath, a custom roadmap to get patients prepared and organized for surgery and recovery. Patients can interact with their care team about their health, from sleeping and eating, to pain control. Palomar Health specialists can reply with recommendations.

A Coordinated Journey
Ortho/Spine Solutions | Engaging Patients

I was very impressed with the ease and straightforward CarePath programs. It truly helped me in preparation and answered my concerns beforehand.

— Steve McCoy
Patient

1,857 activated patients

82% Of enrolled patients are actively using their CarePath

98% patients felt prepared for surgery
Quality Metrics | Spinal Fusion (2019)

Hospital Acquired Conditions per 1,000 Spine Fusion Patients

<table>
<thead>
<tr>
<th>Condition Type</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>National Average</td>
<td>1.10</td>
</tr>
<tr>
<td>Palomar Health (Top 10%)</td>
<td>0.6</td>
</tr>
</tbody>
</table>

Why is this Important? A hospital-acquired condition (HAC) is an undesirable situation or condition that affects a patient and that presented during a stay in the hospital.

Complications of Spine Fusion

<table>
<thead>
<tr>
<th>Complication Type</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>National Average</td>
<td>6.46%</td>
</tr>
<tr>
<td>Palomar Health (Top 10%)</td>
<td>4.71%</td>
</tr>
</tbody>
</table>

Why is this Important? Achieving superior clinical outcomes in back and neck surgery requires you start on the road to recovery without any setbacks.

Patient Reported Reduction in Disability

<table>
<thead>
<tr>
<th>Time After Surgery</th>
<th>Level of Disability</th>
<th>Before Surgery</th>
<th>3 Months After Surgery</th>
<th>12 Months After Surgery</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0 - 20 Minimal</td>
<td>40.7</td>
<td>27.4</td>
<td>15.8</td>
</tr>
<tr>
<td></td>
<td>21 - 40 Moderate</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>41 - 60 Severe</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Why is this Important? Palomar Health wants to know from our patient’s point of view, how much surgery improved our patient’s daily lives. That’s why we ask our patients to report on their function and pain before surgery, and again after surgery. We use a standard survey called the Oswestry Disability Index (lower score is better). On average, patients who have a spinal fusion at Palomar go from Severe Disability to Minimal Disability within the first year after surgery.


**Premium Spine Implants at Best in Class Prices**

$459,870 in yearly savings

“Current pricing is best in class, top 5% in VIE Healthcare's benchmark pricing….has not limited Palomar's ability to purchase and utilize new technologies”

2020 audit by VIE Healthcare Consulting
Quality Metrics | Joint Replacement (2019)

Length of Stay for Hip and Knee Replacement

Why is this Important? In 1988, patients had a 10- to 14-day hospital stay. Today, it’s less than 2 days, with better patient outcomes. Our lower length of stay means our patients met their therapy goals and were ready to go home faster. This reduces their chances of a complication like infection.

Complication Rate

Why is this Important? Achieving superior clinical outcomes after surgery requires you start on the road to recovery without any setbacks.

Percent of Patients Discharged Home

Why is this Important? There is no place like home (to recover from surgery). The Palomar Home Health team can provide wellness programs, home visits, and nurse check-ins. Plus our online surveys and follow-up visits are all designed to keep you on track in the comfort of home.

Named Among the Top 5% in the Nation for Joint Replacement for 5 Years in a Row (2016-2020).

Patients treated at hospitals that received this award have a 64.5% lower risk of experiencing a complication while in the hospital than if they were treated in hospitals that did not receive the award.
Quality Metrics | Joint Replacement (2019)

Patient Reported Improvement in Function and Pain

Hip Replacement

Before Surgery

3 Months After Surgery

12 Months After Surgery

(n=110)

Level of Disability

0 – 19 Extreme
20 – 39 Severe
40 – 59 Moderate
60 – 79 Mild
80 – 100 Limited to No Disability

0 20 40 60 80 100

53

80

84

Why is this Important?
Palomar Health wants to know how much surgery has improved our patient’s daily lives. That’s why we ask our patients to report on their function and pain before surgery, and again after surgery. We use a standardized survey called the HOOS Jr, which is scored on a scale of 0 – 100. 0 is the lowest score, and 100 means full function.

Patients report almost a full return to function one year after surgery!

Knee Replacement

Before Surgery

3 Months After Surgery

12 Months After Surgery

(n=84)

Level of Disability

0 – 19 Extreme
20 – 39 Severe
40 – 59 Moderate
60 – 79 Mild
80 – 100 Limited to No Disability

0 20 40 60 80 100

53

68

12-month data coming in 2021

Why is this Important?
Palomar Health wants to know how much surgery has improved our patients’ daily lives. That’s why we ask our patients to report on their function and pain before surgery, and again after surgery. We use a standardized survey called the KOOS Jr, which is scored on a scale of 0 – 100. 0 is the lowest score, and 100 means full function.
Telling Our Story

2015
BACK TO THE FUTURE
The 2nd Annual Orthopedic & Spine Symposium

2016
Bodies in Motion
The 3rd Annual Orthopedic & Spine Symposium
Hosted by Palomar Health

2017

2018

2019

2020
7th Annual Orthopedic & Spine Symposium

Our future is still bright in 2020
Hosted by Palomar Health, a California Healthcare District.

WEBINAR SERIES:
SEPTEMBER 30 | OCTOBER 29 | NOVEMBER 30
5:30 – 7 p.m.
What’s Next? | Robotic Spine Surgery

Patient Outcomes
• Reduced radiation exposure
• Optimal pedicle screw placement
• Patient demand for advanced technology

Surgeon and Staff Safety
• Reduced radiation exposure

Operational Efficiencies
• Shorter case times (~20 minutes per level)
• Consolidation of implant market share
• Savings per case on cost of disposables
What’s Next?

• Ensure avoidable complications and surgical site infections are below threshold in all ortho/spine areas

• Adopting additional evidence-based guidelines around patient safety (e.g., infection prevention, sterile processing, rehab protocols)

• Leverage Online CarePath and virtual education classes, to communicate COVID-19 precautions and testing requirements
ADDENDUM E
Continuum Care/Outpatient Services
Presented to Board Quality Review Committee
August 25, 2021

Virginia Barragan FACHE, DPT, MOMT, VP Continuum Care and Oncology
Continuum Care

<table>
<thead>
<tr>
<th><strong>SITUATION</strong></th>
<th>Continuum Care’s Skilled Nursing and Home Health quality metrics are designated by state and federal government regulatory bodies. These metrics then influence publically reported star ratings.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>BACKGROUND</strong></td>
<td>Skilled Nursing and Home Health Services make up key components of Palomar Health's post acute continuum which supports patient transition from acute care to home. Data for their quality metrics is extracted from their specific patient assessment tools.</td>
</tr>
<tr>
<td><strong>ASSESSMENT</strong></td>
<td>The post acute arena has always been focused on providing the patient and their family with a variety of care levels after their discharge from the hospital. Their quality metrics reflect their role in that transition. Post acute levels of care are now in the process of establishing metrics to transition to value based purchasing.</td>
</tr>
<tr>
<td><strong>RECOMMENDATION</strong></td>
<td>Palomar Health’s Skilled Nursing and Home Health services are continuing to evolve their practices to meet and exceed national benchmarks while supporting patient care transitions within our communities.</td>
</tr>
</tbody>
</table>
Continuum Care

- Assess best practice guidelines on equipment use, process flows, and staff competencies & practices which impact quality and patient experience
- Educate/retrain as needed on new equipment and work flows to ensure quality and patient experience are positively impacted

PLAN

Do

- Utilize interdisciplinary team approach for equipment choices/uses, work flow assessment, and staff development

ACT

STUDY

Check for impact of all elements as equipment, processes and competencies are brought online
## Data - Continuum Care

<table>
<thead>
<tr>
<th></th>
<th>Palomar Health</th>
<th>National Benchmark</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Skilled Nursing</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospital Readmission</td>
<td>15.96% (FY YTD)</td>
<td>&lt;22.2%</td>
</tr>
<tr>
<td>Antipsychotic Medication Use</td>
<td>15.8%</td>
<td>&lt;14.3%</td>
</tr>
<tr>
<td>Star Rating</td>
<td>5 star</td>
<td>&gt;=3 star</td>
</tr>
<tr>
<td>Falls With Major Injury</td>
<td>0%</td>
<td>&lt;3.5%</td>
</tr>
<tr>
<td><strong>Home Health</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospital Readmission</td>
<td>12.3%</td>
<td>&lt;=15.7%</td>
</tr>
<tr>
<td>Medication Education</td>
<td>99.9%</td>
<td>&gt;=99.1%</td>
</tr>
<tr>
<td>Timely Initiation of Care</td>
<td>97.3%</td>
<td>&gt;=96.3%</td>
</tr>
<tr>
<td>Star Rating</td>
<td>4 star</td>
<td>&gt;=3.5 star</td>
</tr>
</tbody>
</table>
FY21 Quality Action Plan – Continuum Care

• Skilled Nursing
  – Monthly meetings to address quality metrics with emphasis on:
    • Antipsychotic medication utilization
    • Activity participation
    • Falls
    • Infection prevention
  – Ongoing adherence with Covid-19 mitigation plan
  – Aligned day-to-day operations as dictated by CMS, Title 22, AFLs and local state surveyors
FY21 Quality Action Plan – Continuum Care

• Home Health
  – Focused tactics to improve Patient Experience: “Your Satisfaction Matters -10 Campaign”
  – Targeted education and auditing for medication and mobility measures
  – Home Infusion shift to Escondido Campus and Joint Commission survey preparations
  – Respiratory therapy program implemented to mitigate re-hospitalization for Covid-19 patients
  – Lean Six Sigma Value Stream Analysis completed to improve back-office functions in support of timely initiation of care
| **SITUATION** | Outpatient Services for Continuum Care are located at multiple locations throughout the district to meet the needs of our communities. Outpatient Perinatology & Infusion have moved into the Medical Office Building #1 located on the Escondido campus. Radiation Therapy resides in this same facility. The Jean McLaughlin Women’s Center resides in the Pomerado Outpatient Pavilion. Finally, the Wound Healing Centers are present in the Pomerado Outpatient Pavilion and the San Marcos Ambulatory Care Center. |
| **BACKGROUND** | Palomar Health Outpatient Services have continued to move and evolve to state of the art locations and equipment. |
| **ASSESSMENT** | Over the course of FY21, Palomar Health Outpatient Services have focused on identifying opportunities to advance the quality of their services through improvements in organizational structure, facility design, process evolution and upgraded equipment. |
| **RECOMMENDATION** | Palomar Health Outpatient Services will continue to meet and exceed state and national quality metrics as their locations, structure and equipment are updated. |
Outpatient Services

- Assess best practice for guidelines on construction, equipment, process flows & staffing which impact quality and patient experience

- Educate/retrain as needed on new equipment and work flows to ensure quality and patient experience are positively impacted

- Modify work flows as new facilities & treatment types are brought online

- Activate interdisciplinary team approach to finalizing plans, equipment choices, staffing types/levels, & work flows

- Check for impact of all elements as new locations and equipment are brought online

**PLAN**

**DO**

**ACT**

**STUDY**
## Data – Outpatient Services

<table>
<thead>
<tr>
<th>Service</th>
<th>Palomar Health</th>
<th>Benchmark</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Wound Healing Center</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Healing Rate (San Marcos)</td>
<td>99.6%</td>
<td>&gt;94%</td>
</tr>
<tr>
<td>Healing Rate (Poway)</td>
<td>100%</td>
<td>&gt;94%</td>
</tr>
<tr>
<td><strong>Women's Center</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Days between Screen &amp; Diagnostic Mammography</td>
<td>6.2 days</td>
<td>&lt;9.9 days</td>
</tr>
<tr>
<td>Days between Diagnostic Mammography &amp; Core Needle Biopsy</td>
<td>4.7 days</td>
<td>&lt;6.7 days</td>
</tr>
<tr>
<td><strong>Radiation Therapy</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CT Simulation with Start of XRT within 16 days of authorization</td>
<td>14 days</td>
<td>=&lt;16 days</td>
</tr>
<tr>
<td>Access to care within 14 business days</td>
<td>13 days</td>
<td>=&lt;14 days</td>
</tr>
<tr>
<td><strong>Infusion</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Time from Patient Arrival to Drug Administration</td>
<td>43 minutes</td>
<td>&lt; 54 minutes</td>
</tr>
<tr>
<td><strong>Perinatology</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>California Diabetes and Pregnancy Program (CDAPP) Sweet Success Macrosomia (Birth Weight)</td>
<td>7%</td>
<td>&lt;17.6%</td>
</tr>
<tr>
<td>CDAPP California Diabetes and Pregnancy Program Fetal Demise</td>
<td>0</td>
<td>1/Q</td>
</tr>
</tbody>
</table>
FY21 Quality Action Plan - Outpatient Services

• Wound Healing Centers
  – Standardization of best practice treatment across both San Marcos & Poway Wound Healing & Hyperbaric Centers
  – Revision of department procedures with MD and WOCN expertise to achieve optimal quality metrics and standardization of care
  – Subject matter expert support of inpatient nursing wound care education & documentation
• Women’s Center
  – Increasing staffing to meet resurgence of volumes post Covid and preparation for new oncologist specializing in women's services
  – Establishment of additional tracking measurements to assess for positive and negative predicative values with a potential correlation using 3D mammography
FY21 Quality Action Plan (continued) - Outpatient Services

- Radiation Therapy
  - Increasing staffing to meet resurgence of volumes post Covid and preparation for new oncologists
  - Partner with Mayo Clinic to develop quality metrics which will drive improvement towards national certification benchmarks

- Infusion Therapy
  - Increasing staffing to meet resurgence of volumes post Covid and preparation for new oncologists
  - Process flow mapping between all Palomar departments to develop optimal work flow & patient experience
  - Develop chemotherapy order templates utilizing National Comprehensive Care Network (NCCN) standards
FY21 Quality Action Plan (continued) - Outpatient Services

- Outpatient Perinatology
  - Finalize work flow processes for new Escondido clinic
  - Increasing staffing to meet resurgence of volumes post Covid
  - Initiate relationships and assessment of needs for new Laborists and Obstetricians for Palomar Medical Center Escondido and Poway
**Introduciton**  
Prevalence of antipsychotic medication use in long-term residents.

**Situation**  
The Villas at Poway exceeded the utilization of anti-psychotic medication at 15.8% in comparison to national average of 14.8% for the report period of 01/21 to 06/21.

**Background**  
Subacute patients frequently need medications to control sedation while on vents as well as seizure activity. Nursing and Pharmacy work in collaboration with physicians to monitor the appropriate usage of anti-psychotic medication and reduce them as able.

**Assessment**  
Based from the recent MDS/CASPER report that an increased usage of the anti-psychotic medication at Villas was determined.

**Recommendation**  
Nursing, pharmacy and attending physicians meet monthly to review all utilization of anti-psychotic medication. Nursing supervisors are auditing the residents’ medical record provides sufficient justification of its usage and efficacy including re-evaluation by physicians routinely.
ADDENDUM F
Discharge Planning and Patient Throughput

Presented to Board Quality Review Committee

August 25, 2021

Christine (Tintin) Caguiat, Manager CRM Department
Joseph Parker, Transitions Officer
## Discharge Planning & Patient Throughput

<table>
<thead>
<tr>
<th><strong>SITUATION</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Reduce the YTD (July-Jan) LOS from overall 4.51 days to budgeted 3.98 days. Manage anticipated COVID and other complicated discharges. May LOS: PMC Escondido 4.14 / Budgeted 3.69 PMC Poway 4.88 / Budgeted 5.06</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>BACKGROUND</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Throughput and DC planning are strategic initiatives for FY2022</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>ASSESSMENT</strong></th>
</tr>
</thead>
</table>
| **Discharge Planning Challenges:**  
  - Health Plans authorization processes causing Discharge delays  
  - Several patients with limited to no funding (uninsured / Restricted Medical)  
  - Few SNFs with Custodial Beds  
  - Homelessness/ Drug and Alcohol Abuse  
  - Lack of social support and financial resources  
  - Legal challenges (Criminal background, Conservatorship etc.)  
| **Patient Throughput:**  
  - Emergency Department volumes have continued to increase at both campuses  
  - COVID+ inpatient volume has slightly increased  
  - Discharge lounge utilization has increased at both campuses  
  - PILOT on 6E – Discharge order written -> alert to RN cisco phone |

<table>
<thead>
<tr>
<th><strong>RECOMMENDATION</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>
  - Re-structure multi-disciplinary huddle including new Hospitalist group, CRM, nursing, and PT.  
  - Pro-active approach on DC planning for improved patient throughput and timely discharge.  
  - Close collaboration with Pt. Financial Services (Registration) Dept. to ensure accurate patient insurance information/contact person, and ED Dept. in identifying and managing Out of Network Patients.  
  - Working with new Advantage Ambulance, coordinate early discharges.  
  - Letter sent to SNF preferred partner providers with goal to receive early admissions starting 8/1/21. |

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**Passion. People. Purpose.**

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Average Length of Stay – Acute by Days
Palomar Medical Center - Escondido
Average Length of Stay – Acute by Days
Palomar Medical Center - Poway

Average Length of Stay - Acute by Days
PMC Poway

- July: FY20 3.87, FY21 4.43
- August: FY20 3.90, FY21 4.28
- September: FY20 4.08, FY21 4.50
- October: FY20 4.14, FY21 4.47
- November: FY20 4.37, FY21 4.67
- December: FY20 4.31, FY21 4.99
- January: FY20 4.42, FY21 5.17
- February: FY20 4.25, FY21 5.23
- March: FY20 4.55, FY21 4.55
- April: FY20 4.61, FY21 4.61
- May: FY20 4.84, FY21 4.88

Days: 0 to 6

Budget (5.06)
Average Length of Stay – Observation by Hours
Palomar Medical Center - Escondido

Observation by Hours
PMC Escondido

<table>
<thead>
<tr>
<th>Month</th>
<th>FY20</th>
<th>FY21</th>
<th>Budget (20)</th>
</tr>
</thead>
<tbody>
<tr>
<td>July</td>
<td>20</td>
<td>19</td>
<td>20</td>
</tr>
<tr>
<td>August</td>
<td>22</td>
<td>20</td>
<td>19</td>
</tr>
<tr>
<td>September</td>
<td>21</td>
<td>22</td>
<td>20</td>
</tr>
<tr>
<td>October</td>
<td>21</td>
<td>27</td>
<td>22</td>
</tr>
<tr>
<td>November</td>
<td>21</td>
<td>21</td>
<td>20</td>
</tr>
<tr>
<td>December</td>
<td>23</td>
<td>23</td>
<td>20</td>
</tr>
<tr>
<td>January</td>
<td>21</td>
<td>20</td>
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<tr>
<td>February</td>
<td>20</td>
<td>22</td>
<td>20</td>
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<tr>
<td>March</td>
<td>19</td>
<td>21</td>
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</tr>
<tr>
<td>April</td>
<td>21</td>
<td>21</td>
<td>20</td>
</tr>
<tr>
<td>May</td>
<td>20</td>
<td>23</td>
<td>20</td>
</tr>
</tbody>
</table>
Average Length of Stay – Observation by Hours

Palomar Medical Center - Poway

Observation by Hours
PMC Poway

<table>
<thead>
<tr>
<th>Month</th>
<th>FY20</th>
<th>FY21</th>
<th>Budget (21)</th>
</tr>
</thead>
<tbody>
<tr>
<td>July</td>
<td>20</td>
<td>22</td>
<td>22</td>
</tr>
<tr>
<td>August</td>
<td>21</td>
<td>21</td>
<td>20</td>
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<td>May</td>
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Emergency Department Volume Trends

Palomar Medical Center - Escondido

Emergency Department Patient Volume
PMC Escondido

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<th>Volume</th>
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<td>FYTD 21</td>
<td>87,138</td>
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Emergency Department Volume Trends
Palomar Medical Center - Poway

<table>
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<tr>
<th>Fiscal Year</th>
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<td>FYTD 20</td>
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<td>FYTD 21</td>
<td>26,935</td>
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<td>Volume Difference</td>
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Discharge Lounge – PMC Escondido

Discharge Lounge Utilization
PMC Escondido

New Process Started April 1, 2021:

- Reporting daily discharge utilization at morning huddle
Discharge Lounge Utilization
PMC Poway

Number of Patients

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<tr>
<th>Month</th>
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<td>Nov-20</td>
<td>45</td>
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<td>Dec-20</td>
<td>31</td>
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<tr>
<td>Jan-21</td>
<td>15</td>
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<td>Feb-21</td>
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<td>Mar-21</td>
<td>24</td>
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<tr>
<td>Apr-21</td>
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<tr>
<td>May-21</td>
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<td>Jun-21</td>
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Admissions to PMC Escondido from PMC Poway

Transfers from PMC Poway to PMC Escondido

Started New Transfer Process April 24, 2020
ADDENDUM G
## PM DT & ESQENDIO

### INDICATORS - Patient Counts

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<thead>
<tr>
<th>Period</th>
<th>Total Discharges</th>
<th>Total Inpatient Discharges</th>
<th>Total Outpatient Surgery/Procedure Discharges</th>
<th>Total Delinquent Charts</th>
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<tbody>
<tr>
<td>1/3 - 6/21</td>
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<td>1/22 - 6/22</td>
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### REPORT OF DELINQUENT RECORDS (greater than 14 days post discharge)

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<th>Total InPatient Discharges</th>
<th>Total Outpatient Surgery/Procedure Discharges</th>
<th>Total Delinquent Charts</th>
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<td>7/23 - 12/23</td>
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### INDICATORS - OB H&P Components

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<tr>
<td>History &amp; Physical Components (%)</td>
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<td>90%</td>
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<td>H&amp;P transcribed with no blanks</td>
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<tr>
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<td>H&amp;P includes Adm Dx</td>
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### OB & H&P Components

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<td>Post Medical History/Meds/Allergies</td>
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### OTHER DOCUMENTATION

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### OTHER QUALITY REVIEW

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### CDI PSN

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### Birth Certificates

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### Other Indicators

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* Most common deficiency is failure to edit Dragon dictation and/or typos and misspelled words*

Reference Section: Other Documentation Review

** Most common missing components: ROS **
### Delinquency Rate

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<td>Q2-2020</td>
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<td>Q3-2020</td>
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<td>Q4-2020</td>
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<td>Jan-Mar 2021</td>
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<td>Apr-May 2021</td>
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### Other Documentation Review

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<tr>
<td>Process Performed, Care Provided</td>
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<tr>
<td>Condition at Discharge</td>
<td>100%</td>
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<tr>
<td>Info Provided/Press/Family</td>
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<tr>
<td>Approved Abbrev used</td>
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<tr>
<td>Reason for Admission</td>
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<tr>
<td>H&amp;P available 24 hr or prior to surgery</td>
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<tr>
<td>H&amp;P transcribed with no blanks</td>
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</tr>
<tr>
<td>H&amp;P includes ROS, Physical Exam, etc</td>
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<tr>
<td>H&amp;P authenticated within 14 days</td>
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<td>Approved Abbrev used</td>
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<td>Apporved Abbrev used</td>
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### Total Delinquent Charts

- Reports more than 14 days late discharge

- Total # of Delinquent Charts: 4

### Indicators - Patient Counts

- Total Discharges: 7,940

#### Indicators - Patient Counts

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<th>YTD</th>
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<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
<th>Jul</th>
<th>Aug</th>
<th>Sep</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
<th>2021 Jan-Mar Apr-May</th>
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<tbody>
<tr>
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<td>3,670</td>
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<td>3,549</td>
<td>3,899</td>
<td>3,954</td>
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#### Emergency Department Discharges

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#### Observation Discharges

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<td>Apr-May 2021</td>
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#### Outpatient Surgery/Procedures Discharges

- Reports more than 14 days late discharge

- Total # Outpatient Surgery/Procedures Discharges: 314

### Delinquency Rate

- Discharge Delinquency Rate: 79% (2020 Q3-2020)

### Documentation of Compliance

<table>
<thead>
<tr>
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<td>Impression/Plan</td>
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<tr>
<td>Significant Findings</td>
<td>100%</td>
</tr>
<tr>
<td>Procedure Performed, Care Provided</td>
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<tr>
<td>Condition at Discharge</td>
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<td>Info Provided/Press/Family</td>
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### Outpatient Surgery/Procedures Discharges

- Reports more than 14 days late discharge

- Total # Outpatient Surgery/Procedures Discharges: 314

### Indicators - Patient Counts

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<thead>
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<th>Period</th>
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<td>Apr-May 2021</td>
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### Performance Indicators

- Outpatient Surgery/Procedures Discharges

- Total # Outpatient Surgery/Procedures Discharges: 314

- Discharge Delinquency Rate: 79% (2020 Q3-2020)
ADDENDUM H
Projects
- NRC - “Have I explained and thoroughly answered all your questions?” - Ask Me buttons and Patient Commitment Posters
- FCOTS.
- Anesthesia Upgrade for EMR - Mid year 2022
- Predictive Analytics is here! Meera and Brian
- Implementation of PAT
- Charge Capture - working alongside IT/Supply Chain to capture interfaces with Lawson and CDM
- Stryker Video Trial
- Scrub loss data collection

Education & Trainings
- IT Cerner Assessment July 26th - 29th
- Phillips Xper and Query Builder Training - Meera and Brian

Activities & Events
- Watchman - Boston Scientific approved and beginning stages

Staffing
- Dedicated Transporters to Perioperative Platform beginning on 7/5/21
- Jennifer Ottino - New General Surgeon recruit at Poway
- Medical Battalion Nurses to PACU - supporting skilled Navy nurses in PACU to onboard as travelers for a 2-3 month contract
- EP Team creation
ADDENDUM I
Palomar Health Imaging Services – Radiology and Nuclear Medicine

Presented to the Board Quality Review Committee
August 25, 2021

Tim Stevens, District Director Diagnostic Imaging and Biomedical Services
Fiscal Year 21

Imaging Activities and Accomplishments

• PMC Poway CT trailer licensed and in use

• Upgraded PMC Escondido Emergency Department CT installed and fully operational.

• Continuing to review and assess required dose management software for CT across the district

• Five new Digital Radiography Portable X-ray units acquired and placed into service
Radiation Safety and Imaging Performance Indicators

- Staff Dosimetry Badge - Occupational dose and As Low As Reasonably Achievable (ALARA)
- MD Dosimetry Badge – Occupational dose and ALARA
- Physicist report – required annual testing of all Imaging equipment across the district
- MRI – Burns
- MRI – Ferrous events
- Nuclear Medicine – Linearity testing
Dosimetry Badges FY21TD

• Physician Dosimetry Badges
  – Q1 and Q2 Four badges reached ALARA LEVEL 1 range (3 MDs and 1 PA) all notified via email *
  – Q3 No badges reached ALARA Level 1 or 2 ranges

• Staff Dosimetry Badges
  – Q1-Q3 No badges reached ALARA Level 1 or 2 ranges

* Radiation Protection and Safety Plan, Lucidoc #56232
Physicist Inspection FY21:

• 100 % in compliance with timeliness of inspection.
  – Annual Physicist Inspections are required on all:
    • Ultrasound machines and transducers
    • Magnetic Resonance Imaging Scanners
    • Diagnostic Imaging systems

  – All mobile (trailer) units also have current Physicist inspections
MRI Burns and Ferrous Events 5157 exams performed (7.1.2020 – 6.30.2021)

• Confirmed MRI Burns:
  – Zero

• Ferrous events:
  ✓ With injury – Zero
  ✓ Without injury - One
Dose Calibrator Linearity Test FY21 YTD

- FY21 - “PASS”
- Score is pass or fail
- This test is performed quarterly by the Physicist

Graph: DOSE CALIBRATOR LINEARITY DECAY GRAPH
# QA Errors By Month

PMC- Escondido, PMC- Poway

<table>
<thead>
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<th>Errors</th>
<th>Cases</th>
<th>Percentage</th>
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<tbody>
<tr>
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<td>138</td>
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<td>2.19%</td>
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The graph shows the percentage of errors for each month, categorized into four types: 1 - Agree/Informational, 2 - Unlikely to Affect Management, 3 - Possible Eventual Change of Management, 4 - Probable Immediate Change of Management.
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1 - Agree/Informational

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2 - Unlikely to Affect Management

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3 - Possible Eventual Change of Management

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4 - Probable Immediate Change of Management

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Dates from 1/1/2021 to 6/28/2021 11:59:59 PM
Definitions:

Total TAT: Time StatRad receives requisition to the time StatRad sends the report
StatRad TAT: Time study is ready (requisition received, images received, US notes received, etc.) to the time StatRad sends the report
Delayed Study: A study is delayed when it is not ready to be read within 10 minutes. This can be due to the tech not sending images, previous reports, US notes, etc.

This entire document is deemed confidential, it has been requested for peer review purposes, and is protected from discovery under California Evidence Code Section 1157 and the California Business and Professions Code Section 805.

**Prior to 7/23/2009 QA was limited to a ‘minor’ or ‘major’ status. Minors prior to that date now show as ‘Unlikely to Affect Management’ and Majors now show as ‘Probable Immediate Change of Management’.